

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-015-25633
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
COG Operating LLC

3. Address of Operator
 550 W. Texas Ave., Suite 1300 Midland, TX 79701

7. Lease Name or Unit Agreement Name
 GJ West Coop Unit

8. Well Number 80

9. OGRID Number
 229137

10. Pool name or Wildcat **97558**
GJ; 7RVS-QN-GB-Glorieta-Yeso

Well Location
 Unit Letter N : 75 feet from the South line and 2303 feet from the West line
 Section 21 Township 17S Range 29E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3885' GR

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

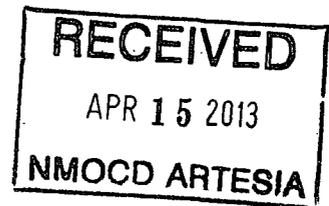
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: Deepen <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

See Attached procedure



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Kanicia Castillo TITLE Lead Regulatory Analyst DATE 4/12/13

Type or print name Kanicia Castillo E-mail address: kcastillo@concho.com Telephone No. 432-685-4332
For State Use Only

APPROVED BY: [Signature] TITLE Director DATE 4/15/2013
 Conditions of Approval (if any):

COG Operating, LLC
GJ West Coop Unit #80
API# 30-015-25633
N-21-17S-29E
75' FSL & 2303' FWL
Eddy Co, NM

Deepening Procedure

1. MIRU rig.
2. PU 4-3/4" bit and drill 4-3/4" from 4490' to 5600'.
3. POOH w/ bit and drillstring.
4. RIH w/ logs and log from TD to 4400'.
5. RIH w/ 4", 11.3# casing.
6. Cement casing from TD to 4350' w/ 115 sxs Class C cmt.
7. RDMO rig.

Completion Procedure

1. MIRU rig.
2. RIH/ w/ perforating guns and perforate Yeso from 5500 – 5300 w/ 2 spf, 30 holes.
3. Acidize w/ 2500 gals of 15% HCl. Frac zone w/ 190,000 # of sand. Set plug at 5250'.
4. RIH w/ perforating guns and perforate Yeso from 5200' – 5000'.
5. Acidize w/ 2500 gals of 15% HCl. Frac zone w/ 190,000 # of sand. Set plug at 4950'.
6. RIH w/ perforating guns and perforate Yeso from 4900' – 4700'.
7. Acidize w/ 2500 gals of 15% HCl. Frac zone w/ 190,000 # of sand.
8. RIH and drill out plug at 4950' and 5250'.
9. RIH and cut 4" casing at 4350'. POOH w/ 4" casing. Leave 4" liner from 4350' to 5600' (TD).
10. RIH w/ tbg and locate end of tbg at 4200'.
11. RIH w/ rods and pump.
12. RDMO rig.

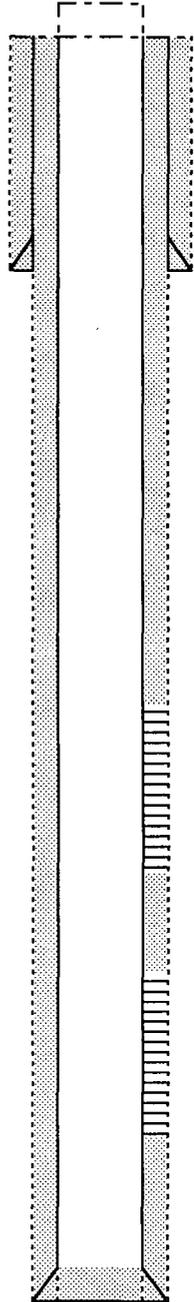
Concho

Lease & Well # GJ West COOP Unit # 80

Spud - 1/8/91

Elevation - 3585

KB -



8 5/8" 24# @ 378', 250 sx, circ 50 sx.

GB/SA

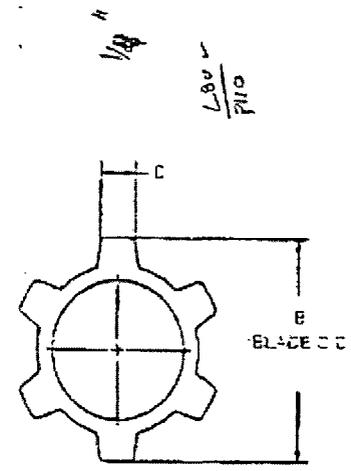
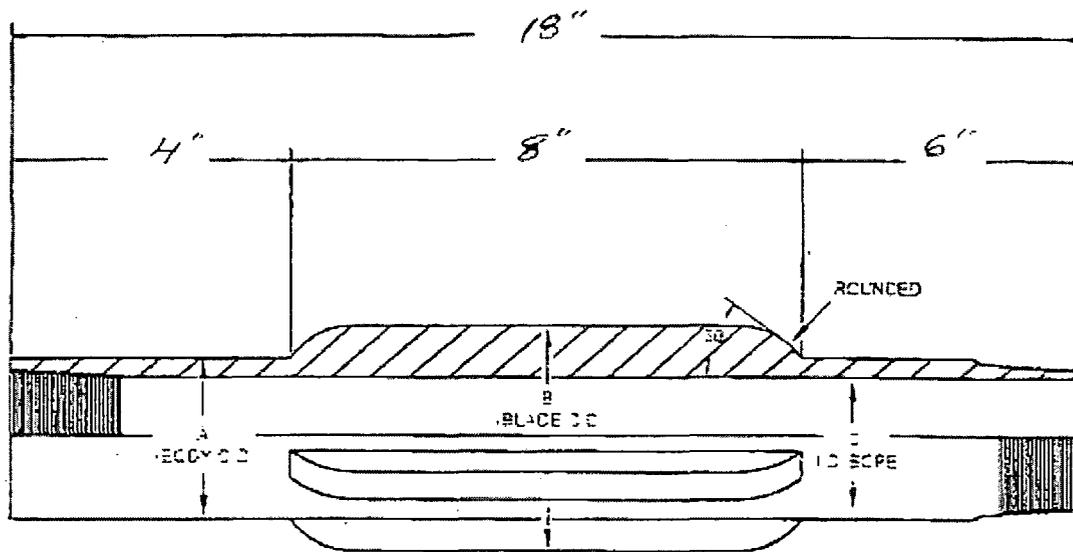
2774-3295. Acidized w/4000 gal 10% NE
Frac w/200,000 gal GW, 300,000 # sd

Paddock

3930-4290 Acidized w/2,000 gal 15% NE
Hot acid job: 32,000 gal 20% HCL, 54,000 gal GW, 5,000 gal 15% NE

PBTD-4425'

Cmt w/2800 sx C w/6/3 slit/sk, circ 200 sx
5-1/2" 17 # csg @ 4457'.



± 0.00
 ± 0.00
 ± 0.00

SIZE	A	B	C	D	E	F	G	DRIFT
4" x 4 3/4" 11.6"	4.050	4.750	3.347"	3/4"				3-303"

 RAY OIL TOOL CO. <small>STANDARD OF 7</small>	
CENTRALIZED INTERCASING	
CLIENT	CONCHO RES
WELL NAME & NO	
CASING	4" P115 11.6"
MATERIAL	4 3/4 x 3 3/4 x 18" Q105

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Energy Minerals and Natural Resources
Department
Oil Conservation Division
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Form C-144 CLEZ
July 21, 2008

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: Permit Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

1. Operator: COG Operating LLC OGRID #: 229137
Address: 550 West Texas Ave, Suite 1300, Midland, TX 79701
Facility or well name: GJ West Coop Unit #80
API Number: 30-015-25633 OCD Permit Number: 210175
U/L or Qtr/Qtr N Section 21 Township 17S Range 29E County: Eddy
Center of Proposed Design: Latitude _____ Longitude _____ NAD 1927 1983
Surface Owner: Federal State Private Tribal Trust or Indian Allotment

RECEIVED
APR -1 2010
NMOCD ARTESIA

2. **Closed-loop System:** Subsection H of 19.15.17.11 NMAC
Operation: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A
 Above Ground Steel Tanks or Haul-off Bins

RECEIVED
APR 15 2013
NMOCD ARTESIA

3. **Signs:** Subsection C of 19.15.17.11 NMAC
 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers
 Signed in compliance with 19.15.3.103 NMAC

4. **Closed-loop Systems Permit Application Attachment Checklist:** Subsection B of 19.15.17.9 NMAC
Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.
 Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC
 Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC
 Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
 Previously Approved Design (attach copy of design) API Number: _____
 Previously Approved Operating and Maintenance Plan API Number: _____

5. **Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:** (19.15.17.13.D NMAC)
Instructions: Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.
Disposal Facility Name: CRI Disposal Facility Permit Number: R1966
Disposal Facility Name: GM INC Disposal Facility Permit Number: 711-019-001
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?
 Yes (If yes, please provide the information below) No
Required for impacted areas which will not be used for future service and operations:
 Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC
 Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC
 Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

6. **Operator Application Certification:**
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.
Name (Print): Kanicia Carrillo Title: Regulatory Analyst
Signature: [Signature] Date: 3/31/10
e-mail address: kcarrillo@conchoresources.com Telephone: 432-685-4332

7. **OCD Approval:** Permit Application (including closure plan) Closure Plan (only)

OCD Representative Signature: Lewis R Dade Approval Date: 04/05/2010

Title: Dist R Supervisor OCD Permit Number: 210175

8. **Closure Report (required within 60 days of closure completion):** Subsection K of 19.15.17.13 NMAC

Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.

Closure Completion Date: _____

9. **Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:**

Instructions: Please identify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.

Disposal Facility Name: _____ Disposal Facility Permit Number: _____

Disposal Facility Name: _____ Disposal Facility Permit Number: _____

Were the closed-loop system operations and associated activities performed on or in areas that *will not* be used for future service and operations?

Yes (If yes, please demonstrate compliance to the items below) No

Required for impacted areas which will not be used for future service and operations.

- Site Reclamation (Photo Documentation)
- Soil Backfilling and Cover Installation
- Re-vegetation Application Rates and Seeding Technique

10. **Operator Closure Certification:**

I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan

Name (Print): _____ Title: _____

Signature: _____ Date: _____

e-mail address: _____ Telephone: _____

COG Operating LLC

Closed Loop Equipment Diagram –
Blinbry Deepenings

